

**CRITERIA FOR PRIOR AUTHORIZATION**

Afrezza® (insulin human inhalation powder)

**PROVIDER GROUP** Pharmacy

**MANUAL GUIDELINES** The following drugs require prior authorization:  
Afrezza (insulin human inhalation powder)

**CRITERIA FOR AFREZZA** Must meet all of the following:

- Patient must have a diagnosis of diabetes (type I or II)
- If patient has a diagnosis of diabetes type I, patient must be using concurrent long acting insulin
- Patient must NOT have a diagnosis of chronic lung disease (example: asthma or chronic obstructive pulmonary disease)
- FEV1 must be documented as within normal limits prior to initiation
- Patient must NOT be an active smoker as documented by prescriber

**RENEWAL CRITERIA FOR AFREZZA** Must meet all of the following

- FEV1 must be documented as within normal limits prior to renewal

**LENGTH OF APPROVAL** 12 months